

REMARKS OF
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ADMINISTRATION ON AGING
TO THE
AMERICAN DIETETIC ASSOCIATION CONFERENCE

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This text is the basis of the oral remarks of the Assistant Secretary for Aging. It should be used with the understanding that some material may be added or omitted.

Introductory Remarks

- Good afternoon! It's a pleasure to be with you on the first day of National Nutrition Month.
- I know from speaking with many of you that the conference is off to a great start and promises to provide you with many new tools and resources to take back to your communities.
- The Administration on Aging (AoA) and ADA have a long history of successfully working together. I want to thank two people in particular:
 - **Susan Laramee**, ADA President, and
 - **Mary Pat Raimondo**, Vice Chairman of your Legislative and Public Policy Committeefor including aging as a primary priority.
- Our new Secretary of Health and Human Services, Mike Leavitt, recently said that “We can be a nation where families embrace the power of prevention and wellness—where fewer people get sick because they take action to stay healthy.”

- I think that sums up the reason I am here today – to share with you our new vision for long-term living, in which prevention and wellness are critical components of long-term care.

Work in Progress

- Our aging services network is the largest provider of home and community-based care in the country. Our 56 state units on aging, 655 area agencies on aging, and over 29,000 community providers, provide direct health and long-term care to **8 million** older adults and **8 million caregivers** each year.
- Nutrition services are the largest component of our services, and include nutrition screening, education and counseling, in addition to congregate and home-delivered meals.
- As providers, we know that these services help older adults remain healthy in the community. My first client at Little Havana Activities and Nutrition Centers in Miami began receiving meals in 1972. In 2000, she was still a client. She received more services as she aged, but she was still living in her own home.

- We all have these stories. But most importantly, we can back it up with data.
- According to our National Outcomes Survey data, 90 percent of home-delivered meal recipients and 72 percent of congregate meal recipients report that the meals they receive through the Older Americans Act enable them to continue living at home.

Priorities

- Dietitians already support long-term living by providing the best science-based advice to promote health and to reduce the risk for major chronic diseases through diet and physical activity.
- They are also ensuring that our services are consistent with the new Dietary Guidelines, which pay special attention to older Americans. As my colleague, Dr. Beato said this morning, the dietary guidelines combine research science and common sense.

- At AoA, we are doing the same thing through several initiatives that support evidence-based prevention, provide access to long-term supports in the community, and buttress our providers' capacity to provide those supports.
- We know that the major causes of chronic diseases and disease-related disability can be attributed to poor diet and sedentary lifestyle, such as cardiovascular disease, diabetes, hypertension, osteoporosis, and certain cancers.
- With our Evidence-Based Prevention Program, we are taking health promotion and disease prevention to a new level by translating research into community practice.
- We are working with the Centers for Disease Control, the National Institute on Aging, the Agency for Health Care Research and Quality, the nation's leading foundations to demonstrate that our Aging Services Network can effectively deliver programs that have proven to be effective in reducing the risk of disease and disability among the elderly.

- Of these grants, three address nutrition. One involves a diabetes nutrition intervention program in San Antonio, Texas. This community based program is partnering with the Texas Diabetes Institute to translate a clinical protocol for use in a Senior Center.
- The community intervention involves a group of low-income Hispanic seniors whose average age is 72. The program provides: culturally sensitive low fat/low glycemic meals 7 days a week; health screening every 6 months; 120 minutes of exercise a week; education focusing on nutrition, diabetes, and lifestyle modification; and peer support.
- All of our evidence-based programs, in nutrition, physical activity, chronic disease self-management, medication management and fall prevention, will provide us with a number of tested models and “tool kits” necessary for other service providers to effectively implement replications into their ongoing programs.

- I hope by now you have all heard about the *You Can! Steps to Healthier Aging Campaign*, which will:
 - Partner with at least **2** thousand community organizations to reach at least
 - **2** million older Americans in
 - **2** years.

The campaign is meant to spread the message about the importance of improving nutrition choices and increasing physical activity. I am so glad that ADA has decided to join us in this effort.

- This Campaign includes an “*Eat Better, Move More*” Community Guide Book, developed by registered dietitians who are members of ADA, including Nancy Wellman, a former ADA President. We have tested this guidebook in 10 widely varying community settings and it has been successful in helping older adults to adopt better eating habits and walk more.

- To facilitate information-sharing in the field, I have established two permanent resource centers: the National Resource Center on Prevention, and the National Resource Center on Nutrition, Physical Activity and Aging.
- Besides helping older Americans remain healthy and managing their chronic diseases, we are also trying to bridge the divide between health and social services to help promote community based long-term care.
- I am very proud of our Aging and Disability Resource Center initiative, which is funded by AoA and the Centers for Medicare and Medicaid. Twenty-four states have now received Aging and Disability Resource Center grants to develop streamlined access to long-term care for people with disabilities of all ages. We hope to continue to invest this year and fund another 18 states.

- There are also excellent models being developed within the Aging Services Network of coordinated and integrated health and social supports that have improved access to community-based options for older Americans. Currently, fourteen community-based organizations are partnering with managed care organizations. For example, the City of Inglewood, California's **Be Well** program includes nutritional risk assessment and physical activity and is working closely with Kaiser Permanente to identify referrals to the program.
- In 2004, we served nearly 8 million seniors, over 3 million of whom have intensive care needs. 30% of those receiving home-delivered meals meet the functional impairment levels for nursing home but are remaining in the community with our support.

- We also support families and friends who provide the majority of long-term care for older Americans at home. Through the National Family Caregiver Support Program, we've reached out to over 8 million family members, and provided vital services to almost 600,000 caregivers.
- We're working to strengthen America's families and to keep impaired older people in their homes and communities where they want to be.

Creating Opportunities

- Through these activities, we are enabling older adults to manage their chronic conditions effectively and maintain their independence.
- As the "baby-boom" generation reaches retirement age, we will build upon this work to develop innovative approaches to meet the changing needs of older people.

- We will look to the “baby boomers” themselves to help us shape the future.
- We will seek creative ways to engage the “baby boomers” in helping us to make our long-term care system a long-term living system that older people will embrace as they age.
- We have a strong service delivery infrastructure that covers the entire country, and we have a robust history of innovation in health and long-term care.

- As we look to the future, we will focus our energy on three areas that will guide our investments in the aging network:
 - Helping people, including those who are middle-aged (40+) prepare for long-term living. This includes financial planning, living arrangements and lifestyle options to help people remain independent for as long as possible;
 - Targeting Older Americans Act dollars being used for long-term care to those at the greatest risk of institutionalization; and
 - Making evidence-based prevention models readily available to older Americans across the country.

Conclusion

- We have already taken a strong step toward innovation in long-term care, including programs in a number of areas that involve the ADA membership and their expertise.
- We all must continue to play a leadership role in helping our nation respond to the opportunities before us as our nation ages. And we can't just do it in Washington...
- We need to continue to build partnerships and promote collaborations that foster better integration between health and human services.
- We must produce and measure results and do a better job of demonstrating not only that our services are cost effective, but also that we are improving people's health outcomes, and helping people to maintain their health and manage their chronic diseases.
- We must ground all of our programs and services in the best science available.

- As we move forward to meet these challenges, we must never lose sight of our primary mission and core values that are inherent in the Older Americans Act.
- If we keep our focus on the consumer and the local community that serves them– I am confident that we will not only meet the challenges of today, but for the future as well.